

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

DATE STAMP RECEIVED  
SEP 26 2017

ENTERED

Permit #:	17-0392
Date:	9-27-17
Amount Paid:	375 9-26-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER		
Owner's Name: <b>Jon Nelson</b>	Mailing Address: <b>PO Box 1174</b>	City/State/Zip: <b>BAYFIELD, WI 54814</b>		Telephone: <b>715-779-8645</b>						
Address of Property: <b>79555 STATE HWY 13</b>	City/State/Zip: <b>WASHBURN, WI 54891</b>		Cell Phone: <b>715-292-7578</b>							
Contractor: <b>BLACK HAWK CONST</b>	Contractor Phone: <b>715-209-5234</b>	Plumber: <b>N/A</b>		Plumber Phone: <b>N/A</b>						
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (Include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No						
PROJECT LOCATION <b>N/E 1/4, SW 1/4</b>	Legal Description: (Use Tax Statement)	Tax ID# <b>6402</b>	Recorded Document: (i.e. Property Ownership)							
<b>N/E 1/4, SW 1/4</b>	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size <b>1/4</b>	Acres <b>4.85</b>	
Section <b>16</b>	Township <b>N3201 of E 1/2</b>	N. Range <b>49</b>	W. Range <b>40</b>		Town of: <b>BAYFIELD</b>		Lot Size <b>1/4</b>			Acres <b>4.85</b>
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →		Distance Structure is from Shoreline: feet						

Value at Time of Completion * include donated time & material <b>\$ 75,000</b>	Project	# of Stories	Foundation	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well	
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<b>SIAB</b>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____		
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: <b>100</b>	Width: <b>40</b>	Height: <b>14 ft</b>
Proposed Construction:	Length: <b>100</b>	Width: <b>40</b>	Height: <b>14 ft</b>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/>	<input type="checkbox"/> with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	<input type="checkbox"/> with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
<b>SEP 26 2017</b>	<input type="checkbox"/>	<input type="checkbox"/> with (2nd) Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Secretarial Staff	<input type="checkbox"/>	<input type="checkbox"/> with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/>	<input type="checkbox"/> with (2nd) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	<input type="checkbox"/> Mobile Home (manufactured date) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	<input type="checkbox"/> Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	<b>4,000</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/> Accessory Building (specify) <b>mini-storage</b>	( <b>40</b> X <b>100</b> )	<b>76,000</b>
	<input type="checkbox"/>	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	<b>per owner</b>
	<input type="checkbox"/>	<input type="checkbox"/> Special Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	<input type="checkbox"/> Conditional Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/>	<input type="checkbox"/> Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature] Date **9-26-17**  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_  
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

See attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	5' 65"	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	160'	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	36'	Setback from Wetland	425' Feet
Setback from the West Lot Line	30'	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	515'	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	152' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0397		Permit Date: 9-27-17			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record) (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: As noted inspected for cup amendment earlier this summer per conditional use permit - use for mini storage only		Inspected by: J. Murphy			
Date of Inspection:		Inspected by:		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)					
Signature of Inspector:		Date of Approval: 9-26-17			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	





City, Village, State or Federal  
May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0394** Issued To: **Jon Nelson**

**N 320' of E 1/2**

Location: **NE** 1/4 of **SW** 1/4 Section **16** Township **49** N. Range **4** W. Town of **Bayview**

Gov't Lot

Lot

Block

Subdivision

CSM#

For: **Commercial Accessory Structure: [ 1- Story; Mini-Storage (40' x 100') = 4,000 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** Per conditional use permit. Use for mini storage only.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**September 27, 2017**

Date